

Please print, complete and deliver with payment (money order preferred) to:

Manhattan School of Music
Office of the Registrar: Transcripts
120 Claremont Ave
New York, NY 10027-4698

Please print clearly and complete all the blanks on this form.
This form will take 3-5 days to process once we receive it.

Transcript Request Form

Student ID: _____ or **Social Security Number:** _____
ID numbers in use since 1995

Last Name: _____ **Date of Birth:** _____

First and Middle Name: _____

Email Address: _____

Telephone Number(s): _____

Official Transcript(s): Number requested: _____ x \$10.00/each Total \$ _____

(ONE TRANSCRIPT INCLUDES ALL DEGREE PROGRAMS SPECIFIED BELOW.)

ONE unofficial transcript for your records at no extra charge? Y/N _____

What degree programs have you begun or completed at MSM? PLEASE LIST DATES:

BM _____ MM _____ PS _____ DMA _____

Are you currently enrolled at MSM? Y/N _____

Transcript(s) to be held at Registrar's Office for pick-up _____ -or-

Mailing / other instructions (transcripts will be sent regular US mail unless alternate instructions and sufficient payment are provided): _____

Signature: _____ **Date:** _____

PLEASE MAIL OR DELIVER THIS FORM TO THE REGISTRAR'S OFFICE. DO NOT FAX OR E-MAIL.

OFFICE USE ONLY

\$ _____ form of payment: _____ Initials: _____ Sent: _____ **Date Stamp:**